POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	*(signature)*	TS331	
O.I.P.E. CLASSIFIER	MTW	59	02-25-00
FORMALITY REVIEW		65918	3/23-00
RESPONSE FORMALITY REVIEW			

INDEX OF CLAIMS

✔	.... Rejected	N	....	Non-elected
=	.... Allowed	I	....	Interference
—	(Through numeral)... Canceled	A	....	Appeal
÷	.... Restricted	.O	....	Objected

Claim		Date									Claim		Date									Claim		Date							
Final	Original	11/8/a	7/3/04								Final	Original										Final	Original									
1	✔	✔										51											101									
2	✔	✔										52											102									
3	✔	✔										53											103									
4	✔	✔										54											104									
5	✔	✔										55											105									
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49												99											149									
50												100											150									

If more than 150 claims or 10 actions
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Best Available Copy